



**ARKANSAS PROFESSIONAL BAIL BOND LICENSING BOARD
BAIL BOND AGENT APPLICATION**

Full Name _____
(Last) (First) (Middle) (Maiden)

Resident Address _____
(Street Number) (City) (County) (State) (Zip)

Business Address _____
(Street Number) (City) (County) (State) (Zip)

Business Phone (____) _____ Home Phone (____) _____

Age _____ Date of Birth ____/____/____ Place of Birth _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's License Number _____

List other names you have gone by in the past: _____

List Residence for the past ten years, beginning with most recent: (Attach additional page if necessary)

Date		Street	City	State
From	To			

List employment for the past ten years, beginning with current employment: (Attach additional page if necessary)

Date		Company Name/Address/Phone	City	State
From	To			

Current employer phone number _____ Supervisor _____

Have you been licensed as a Bail Bondsman in this or any state? No _____ Yes _____ If yes, list state, license number, year last licensed, company and power number. (Attach additional page if necessary)



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Have you ever been arrested or charged with a felony or anything other than a traffic offense? No _____ Yes _____
If yes, give complete information, including state, , year and disposition of charges. (Attach additional page if necessary)

Have you ever been found guilty of a felony or anything other than a traffic offense? No _____ Yes _____
If yes, give complete information, including state, , year and disposition of charges. (Attach additional page if necessary)

Have you ever pled guilty, nolo contendere, or no contest to a felony or anything other than a traffic offense?
No _____ Yes _____ If yes, give complete information, including state, , year and disposition of charges. (Attach additional page if necessary)

A licensed bondsman may write bonds in any county in Arkansas. Please list those counties of the State of Arkansas in which you plan to operate on a regular basis (do not indicate "Statewide" or other such designation) _____

By my signature below, I (a) hereby certify that all information in this application is true and correct to the best of my knowledge and belief; (b) authorize the Professional Bail Bondsman Licensing Board to verify all information provided on this application; (c) authorize the Professional Bail Bondsman Licensing Board to make inquires regarding my competency, trustworthiness, financial responsibility and reputation; (d) authorize each person, partnership, corporation, governmental body, agency, or court in possession of any and all records concerning me (including, but not limited to, driving records, workers' compensation records, criminal records, credit records, bank records, social security records, and welfare records to furnish such records to the Arkansas Professional Bail Bondsman Licensing Board, its agents, employees and attorneys. ***I hereby waive my right to privacy of the above-specified information or records to the Arkansas Professional Bail Bondsman Licensing Board.***

(Applicant's signature)

STATE OF ARKANSAS)
)ss
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

(Notary Public)

My commission expires: _____

**IF YOU HAVE BEEN LICENSED BY ANY BAIL BOND COMPANY PRIOR TO THIS APPLICATION, YOU
MUST LIST ALL COMPANY NAMES, POWER NUMBERS AND DATES LICENSED.**